

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

**RECEIVED**

JAN 31 2011

Secretary of State  
Capitol Office

Name of Candidate Sid Albritton  
 Address P.O. Box 1389 Piquette, MS 39466  
 Telephone 601 590 1845 Fax \_\_\_\_\_  
 Contact Name Sid Albritton Email \_\_\_\_\_  
 Office Sought Senate 40 Political Party Republican

☐ Check here if above is different from previous report

**TYPE OF REPORT**

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory  
 \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates  
 \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates  
 \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees  
 \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 24,850 +\$ - 0 -	\$ 24,850.00	\$ 24,850.00
Total amount of disbursements	\$ - 0 - +\$ 857.60	\$ 857.60	\$ 857.60
Total amount of cash on hand		\$ 30,835.51	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

01/31/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Sid Albritton

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Reporting period Jan. 01, 10 through Dec. 31, 10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE-PAC	01/08/10	\$ 500.00
Mailing Address 509 Hwy 11 North Suite A	10/12/10	\$ 200.00
City, State, Zip Code Piquette, MS	1/1/10	\$
Name of Employer (Required)	1/1/10	\$
Occupation (Required)	Aggregate year-to-date	\$ 700.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grand Trunk Western Railroad Co.	07/14/10	\$ 250.00
Mailing Address 2800 Livernois Suite 300	1/1/10	\$
City, State, Zip Code Troy, Michigan 48007-5085	1/1/10	\$
Name of Employer (Required)	1/1/10	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Medco	10/22/10	\$ 250.00
Mailing Address 100 Parsons Pond Drive	1/1/10	\$
City, State, Zip Code Franklin Lakes, NJ	1/1/10	\$
Name of Employer (Required)	1/1/10	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Norfolk Southern Corporation	10/28/10	\$ 250.00
Mailing Address 113 Arden Oak Lane (113 Commercial Pl) Norfolk, VA	1/1/10	\$
City, State, Zip Code Clinton, MS 39056	1/1/10	\$
Name of Employer (Required) Joel Velton (Railroad Assoc.)	1/1/10	\$
Occupation (Required) Government Relations	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee

Sid Albritton

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Reporting period Jan 01, 2010 through Dec 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		07/27/10	\$ 500.00
Mailing Address		07/27/10	\$
City, State, Zip Code		07/27/10	\$
Name of Employer (Required)		07/27/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		09/20/10	\$ 500.00
Mailing Address		09/20/10	\$
City, State, Zip Code		09/20/10	\$
Name of Employer (Required)		09/20/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/30/10	\$ 500.00
Mailing Address		08/30/10	\$
City, State, Zip Code		08/30/10	\$
Name of Employer (Required)		08/30/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Association		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		09/27/10	\$ 500.00
Mailing Address		09/27/10	\$
City, State, Zip Code		09/27/10	\$
Name of Employer (Required)		09/27/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee

Sid Albritton

Reporting period

Jan 01, 2010

through

Dec. 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leslie Albritton II</u>		<u>11/15/10</u>	\$ <u>10,000.00</u>
Mailing Address <u>66 George Walker Rd</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Picayune, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>MS Dixie Grand Company</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>10,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Asheuser - Busch, Inc</u>		<u>11/02/10</u>	\$ <u>500.00</u>
Mailing Address <u>625 North State St Suite 201</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson MS</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT &amp; TMS PAC</u>		<u>09/27/10</u>	\$ <u>400.00</u>
Mailing Address <u>15 East Capital St. Suite 702</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson MS</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>General Electric Company</u>		<u>10/13/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9544</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Fort Myers, FL 33906</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Sid Albright

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Reporting period Jan 01, 2010 through Dec 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/01/10	\$ 9500.00
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 9500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Association		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/03/10	\$ 500.00
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$